

To: Duszynski, R, Noonan, R, Tanchyk, R, Zecca, Anthony, Schwalm, S, Ridge, Robert, Keeney, David, Smith, Richard A., Jurgensen, Kurt T., Cote, Raymond A., Sheft, S N., Macleod, Stephen, Mclean, James J., Steele, Robert R., Coslett, Job H., Salerno, Joseph S., Close, Scott P., Bain, Georgia A., Tisinger, Michael D., Haskin, Susan J., Clary, Nancy A., Miller, D S., Cook, Bruce A.
From: 1610 - Buffalo ROU (BRZEZIE)
Posted: 6/23/98 11:26
Opened: 6/23/98 12:55
Subject: ADDITION TO LEM68 - FORSYTH /NEW WORLD

Please include the following spreadsheets with e-mail sent on 6/22/98 (high priority) regarding Forsyth/New Wold (attachments LEM68-98.doc & LEM68a.doc) - they were not sent in error.

Any questions, please advise.....

CC: MacWilliams, Lori, Rush, Sarah, 1600 - Buffalo Region (BURRELL)

51845 4076

TPS Buydown Payment Request

Date Submitted: _____

Voucher Amount: _____

Check to be sent to: ☐ Payee ☐ ROU forward to you

Explanation to appear on check stub: _____
(Input for Instructions Section In TPS)

Account to be paid: SIS# _____ NAME: _____

Update Activity? ☐ YES

Update Activity Against: SIS# _____

OR

Chain ID _____

SPREAD OPTION: REQUIRED IF PAYING DIRECT OR INDIRECT ACCOUNT, OR CHAIN

☐ Distribute Activity based on store SIS volume

Store List: ☐

Template

☐ Distribute Activity evenly across stores

☐

Attached

☐ Do Not Update Activity

Reason: _____

DISCOUNTING - VPR - DISPLAY PAYMENTS			
RATE	UNITS	TOTAL	H/H - TPS CODE (DESCRIPTION)

PROGRAM SPECIFICS

Promotion Dates

From: _____

To: _____

Explanation for Program:

(Input for Notes Section In TPS)

Employee #: _____

Division #: _____

ROM &/or RSM Approval Signature _____

Signature: _____

Coordinator - Review for Accuracy _____

* Submit ONE of the Following As Documentation - Listed in
Order of preference By Sales Finance 1) Retail Scanning 2) AIM Report
185 3) Direct Account Invoices

ROU Use Only:

Date Received:

Date Processed:

☐ Need Further Information

Rev Date: 7/6/98

51845 4077

FORSYTH RETAIL ACCOUNT PRIVATE LABEL/EDLP DOCUMENTATION FORM

Account Name: _____
 Address (City & State): _____
 SIS/CHAIN ID #: _____

OF STORES: _____
 # OF WEEKS: _____
 DIVISION/TERR #: _____

Listed below are your sales for the time period from _____ through _____ for RJR Distributor Private Label Brands OR Monarch/Best Value brands:

RJR Distributor Private Label:

Best Choice
 Brandon
 Cardinal
 Focus
 Highway
 Jacks
 Marker
 Quality Smokes
 Pilot
 Price Master
 Rainbow
 Worth
 Other: _____

Cartons Purchased

RJR EDLP:

Monarch
 Best Value

***BACK UP DOCUMENTATION MUST BE MADE AVAILABLE UPON REQUEST ***

IMPORTANT !!
RETAILER MUST PARTICIPATE IN RJR'S FULL PARTNERSHIP MERCHANDISING AGREEMENT IN ORDER TO QUALIFY FOR PAYMENT

	CARTONS		RATE		PAYMENT
Distributor PL	-	X		=	\$
EDLP	-	X		=	\$
TOTAL PAYMENT					\$

SR / Manager NAME (PLEASE PRINT):	
Retailer Signature:	
DATE REQUESTED:	

*** By signing this document, the Retailer hereby certifies that the information stated is true and correct to their knowledge.

51845 4078